

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/018066

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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10		1				
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50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		↓	12	↓		↓
TOTAL CLAIMS			13			

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
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TOTAL IND.		↓		↓		↓		↓
TOTAL DEP.		↓		↓		↓		↓
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS